MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare decassed lived, If institution, Residence before admission) ral director, Page of for your files. Board of Health, a. COUNTY b. COUNTY is necessary, MARYLAND b. CITY OR TOWN lif outside corporate limits. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give neerest town! ON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO TO 3. NAME OF Middle DATE 4. Month Day DECEASED OF and 3 to the (Type or print) DEATH with 5. SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR! IF UNDER 24 HRS. and 2 w 2 with last birthday) Months WIDOWED 10e. USUAL-OCCUPATION (Give kind of work Give Pages 1, 2, 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page most of working life, aven if etired) Q sebed PM3. FATHER'S NAME 14. AO NHER'S MAIDEN FORCES? 16. SOCIAL SECURITY NO.1 17-INFORMANT permit. (Yas, no, or unkern) | (If yas give war or datas of sarvica) Office along with any in pencil in Item This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). 2 burial-transit I. DEATH WAS CAUSED BY. pue IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if any, which (b) gava rise to immediate causa "pending" 40 DUE TO (a), stating the undarlying Medical Examiner 20 PO cause last. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY CERTIFICATION PERFORMED should be ute the certificate, writing the word s forwarded to the Chief Medical E AL DIRECTOR: Page 3 should be NO 20s. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. Pur forwarded to the Chief MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yaar (County) (State) Whila factory, street, office bldg., alc.) Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry ... and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE S PUNERAL DEPUTY MEDICAL EXAMINER EXAMINED'S NAME (Type) Address (Street, city, lown, or county) DEP BURIAL, CREMATION, METERY OR CREMATORY OCATION (City, town, or country) 40 248. REC'D M REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME arthur S. Kraus 5M 7/59 2

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DIRECTOR: TO FUNER May VS A15 (4) 1SM 9/S8

physician

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by the hospital

director

Fille

after death. funeral

24 haurs

within

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION.

REMOVAL (Specify)
Burial

22b. DATE THEREOF

NOV

1960 Hillerest **ADDRESS**

Federalsburg.

22c. NAME OF CEMETERY OR CREMATORY

Federa

(State)

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 160

22d. LOCATION (City, tawn, or county)

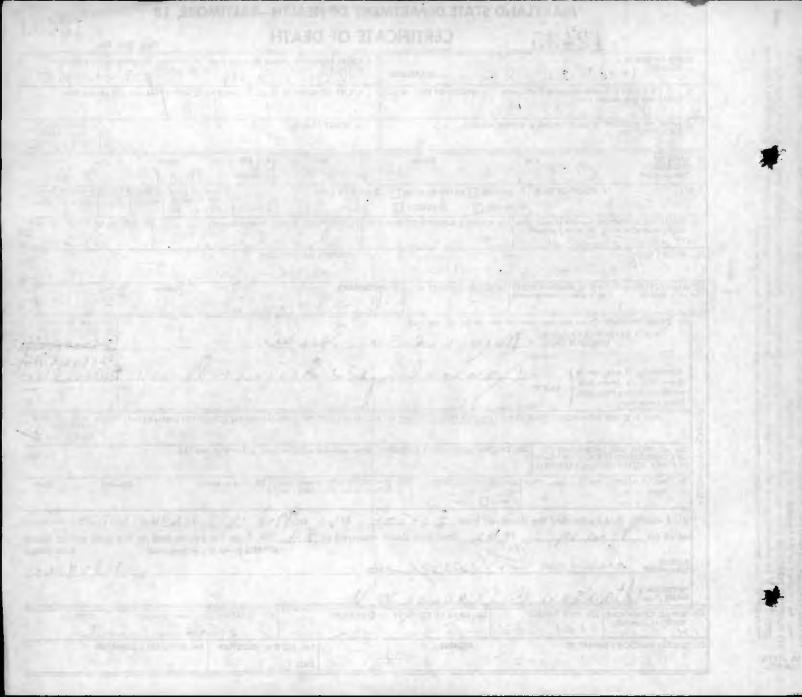
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VS A15 (4) 15M 9/55

1	2	4	3	*

CERTIFICATE OF DEATH

16400		Reg. Dist. No.
1. PLACE OF DEATH OROLTNE MARYLANE	II o STATE . O	b. COUNT AR L DNR
RURANDA GIVE AND TOWN (If outside corporate limits, write RURANDA GIVE AND THE RESEARCH OF STAY IN 18	c. CITY OR TOWN If outside corpored	te limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) OCTAVIA Middle	-LAMER OF DEATH	Month Doy Yeor 27, 1960
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Spare of BIRTH 27, 1866	AGE (In years lif UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
On USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INI during most of working life, even if resired)	maryla	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S Waynow	14. MOTHER'S MAIDEN PLANE	Syatt
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11	Wrs Ringo B	and wolned how
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which)	10, Double	INTERVAL BETWEEN ONSET AND DEATH POWER AND DEATH
gove rise to immediate couse (o), stoting the under-lying couse tost.	A service	Je Xenzen Dinens Ada
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20a. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 12
	RRED. (Enter noture of injury in Port I or Port I	l of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. jt. p. m. 19 of work of work of work	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	x town) (County) (State)
21. I certify that I attended the deceased from Salar	1960, 10 Nov 19	19 60, that I last saw the decease
ACTUAL Dawson Dysorge	ADDRESS (Stre	the causes and on the date stated above the city or town, state) DATE SIGNE
PHYSICIAN'S DAWS EN O DRONGE	MD.	
PRINTAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY 1960 Prints	OR CREMATORY 22d. LOCATION	ON (City, town, or county) (Stote)
FUNERAL DIRECTOR'S SIGNATURE Appress Appress	240. REC'D BY REGISTR.	2 11



60 SIGNED 226. DATE

Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that may be sakained by the haspital ar attending physician.

TO FUNE: CORRECTOR: After this certificate has been signed by page 3 stoold be detached for use as the burial-transit permit. The State Board of Health priar to burial, cremation, or remayal,

VR A1S (4) 1SM 9/59

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

	6436		CERTIII	CAIL	OI DEATH				
1. PLACE OF DEATH o. COUNTY	Caroline		MARYLA		usual residence (who. STATE Mary	land	ved. If institution: b. COUNTY	Residence be	M A
b. CITY OR TOWN (I RURAL and give no Greens	If outside corporate limits agrest town) SDOPO	s, write	c. LENGTH OF STAY IN	1 4	c. CITY OR TOWN (IF o		e limits, write RUR/	AL ond give n	earest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, gi		address)		d. STREET ADDRESS Sunset A	venue			e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print)	Lillian	1	Wirgini	a	Ginn	4. DATE OF DEATH	Month 11	2	1 1960
s. sex Female	7770 0 A	7. MARR	HED NEVER MARRIED DIVORCED		-20-1898	9.		UNDER 1 YEA lonths Days	Hours Min.
during most of worl Housewife	king life, even if retired)		kind of business or None	INDUSTRY	11. 8)RTHPLACE (Stote Delawa		itry)	U.S	· A ·
13. FATHER'S NAME				14	. MOTHER'S MAIDEN N				
Geor	rge H. Gir				Rosa Gol	dsbor	ough		
	R IN U. S. ARMED FORG (If yes, give wor or dates of se		SOCIAL SECURITY NO.	17. INFOR	mant s Mildred	Ginn	Green		, Maryla
Conditions, if o gove rise to i couse (o), stating lying couse last.	the under-			scle	rotic Car			Dis.	NSET AND DEATH
PART II. OTH	HER SIGNIFICANT CONE	DITIONS C	Rheumato		related to the termi	INAL DISEASE (ONDITION GIVEN	I IN PART 1(o)	PERFORMED?
	AS UNDERLYING DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter nature of injury in	Part I of Part II	of item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Yea	r 20d. It While at war	Not while	Oe. PLACE factory.	OF INJURY (Hame, farm street, office bldg., etc	1, 20f. (Cily or	town)	(Count	y) (State
21. I certify the saw the decear 220. IGNITURE 22c PHYSICIAN'S NAME (Type)	sed alive an No	v. 2	led the deceased for 1960, and the conference of the sife. M.D.	hat deat	ATTENDING MIPHYS. DI		STAFF PHYS.		that (I) (we) last te stated above 276. DATE 51GNE
23a BURIAL, CREMATIC REMOVAL (Specify)	ON, 236. DATE THEREO	F	23c. NAME OF CEMET	ERY OR CR		23d. LOCATIO	N (City, town, or	county)	(Stote)
Buria.	1 11-23-1 rs signature	£	Townser ADDRESS REMARKS	to,)	3	D 8Y REGISTRA DV 2 8 '60	R 256, REGISTR	AR'S SIGNAT	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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L	2	4	J.	1

12433	CERTIFICATE O	F

	12433	ERTIFICA	ATE OF DEATH		上心サエ』 Reg. Dist. No.			
	PLACE OF BEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Whe	Cause b	If institution: Reside	nce before admissi	1	
	b. C// OR TOWN IIf outside corporate limits, write c. LENGTH RUM/L and give nearest town)	OF STAY IN 16	Centres	iside corporote lim	ils, write RURAL and	The Charles		
10	d. NAME OF HOSPITAL (If not in hospital pive street address) OR INSTRUCTION Cahell Quest Hom	ده	d. STREET ADDRESS	herty &	+		FARM?	
3.	NAME OF DECEASED (Type or print) CARLOTTA ELI	Middle ASON	LEGG	4. DATE OF DEATH	Month	_	(eor	
	timel White WIDOWED	R MARRIED	8. DATE OF BIRTH Wash 8-187	6	(in years birthday) Hanths	Days Hours	R 24 HRS. Min.	
	SUAL OCCUPATION (Give kind of work done 10b, KIND OF BUS during moved working life, even if retired)	SINESS OR INDU	STRY 11. BIRTHPLACE (Stole o	r foreign country)	yland 12. Cl	TIZEN OF WHAT	COUNTRY	
	George W Sleason		14. MOTHER'S MAIDEN NA	M Sa	ugston			
15.	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECUEL no. or unknown) (If yes, give wor or dores of service) The nee	RITY NO. 17.	NFORMANT Legg	Cent	Address	hay las	4	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Car		cular Renal	Disease	with	INTERVAL BET		
	442 X DUE TO hyp	ertens:	ion					
	Canditions, if any, which gove rise to immediate couse (o), stoling the <u>under-lying</u> couse lost. (c)	<u>eraliz</u> e	ed Arterioso	lerosis				
CERTIFICATION	PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONF	OITION GIVEN IN PAI	PERFO	NO K	
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW II OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRE	D. (Enter noture of injury in Pa	ort I or Part II of it	em 18.)			
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCUI White Not white of work to ot work	le for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tow	n) ((County)	(Slote)	
		Oct. 1	, 1960 , ta N accurred at 5:45P	OV. 15	, 1960 that I	lost saw the	deceased	
	ACTUAL Clearle, H. Poriox	fer	A	DDRESS (Street, cit nsboro,			TE SIGNE	
	PHYSICIAN'S Charles H. Stones							
	Strict UN 18. 1960 Che	of CEMETERY O	R EREMATORY 2	Cetelr	ity, tawn, or county)	Mary las	up	
23.	June Rathy Backy Bur Co	steville	mal 240. REC'D DATE NO		24b. REGISTRAR'S SI			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the direct certificate be executed within 24 hours ofter death. Page 4 moy be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3.3 mild be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 cm 2 should be filed with the registrar prior to burial, cremotion, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

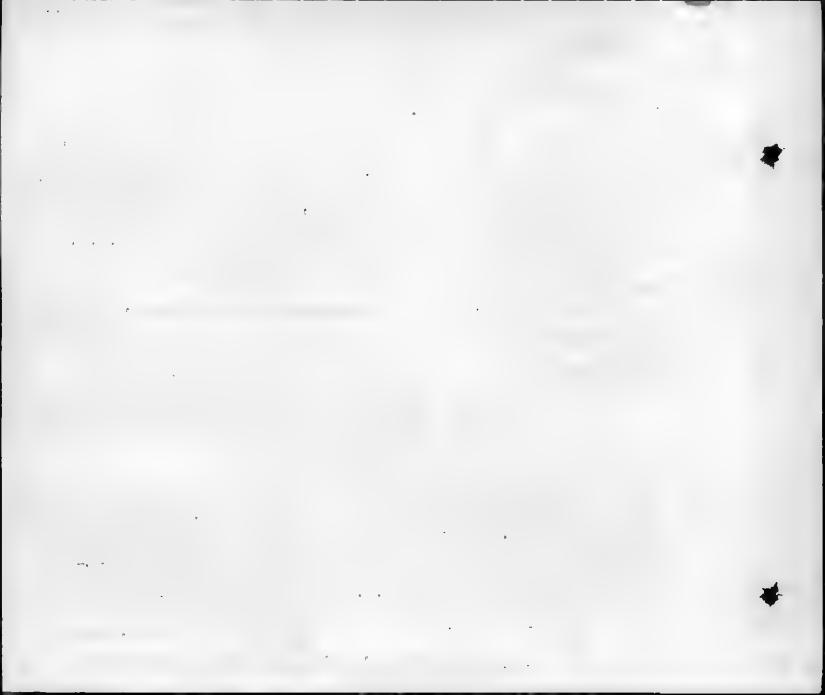
Selection (2) of the selection of the se

	1 PLACE OF DEATH a. COUNTY	Caroline	MARYLA	- 11	. USUAL RESIDENCE (W	land	d lived. If institution b. COUNTY	Caro.	before odn	ission)
	b CITY OR TOWN (II RURAL and give ne	outside corporate limits warest town)	c. LENGTH OF STAY IN	116 4	c CITY OR TOWN (If	outside corpo	orate limits, write R	URAL and gi	ve nearest to	wn)
	Rural Ride	gely	l yr.		Rural	Ridg	gely			
	d NAME OF HOSPIT	AL (If not in hospital, give s None	treet address)		d. STREET ADDRESS	Non	е		ON	ESIDENCE A FARM?
	3. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mon	ith	Day	Year
	(Type or print)	Albert		Me	orris	DEATH	Novemb	er	2	1960
	S SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	В.	DATE OF BIRTH		9 AGE (In years lost pirthday) 9 yrs		YEAR IF UN	
	Male	Negro wit	DOWED DIVORCED		arch 2, 18	395	65 yrs	,	Jays 1100	5 /91411
	100 USUAL OCCUPATIO	N (Give kind of work done ing life, even if retired)	10b, KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	or foreign c	country)	12 CITIZ	EN OF WHA	T COUNTRY?
	Labor		Day Labore	r		yland		U	.S.A.	
	13. FATHER'S NAME				14. MOTHER'S MAIDEN					
		known				Un	known			
1		R IN U.S. ARMED FORCES? If yes, give war or dates of services	16. SOCIAL SECURITY NO.	17, INFO	RMANT		Add			
	No		None	Ra	ymond Muri	rey	Ridg	ely,	Mary	land_
		*	per line for (a), (b), and (c)-]						INTERVAL ONSET AN	
	PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cor	onar	y Occlusi	on				
	1 7 7	DUE TO	And							
	Conditions, if as gave rise to is				sclerotic	Card	liovascu	lar		
	couse (a), stating		Dise	ease						
	lying couse last.) (c)	ONS CONTRIBUTING TO DEAT	LI GUIT NO	OT BELATED TO THE TERM	AINIAI D CEAC	E CONDITION OR	/ENI INI DADT	1/a) 10 W/	S ALTOPSY
	CATIC	ER SIGNIFICANT CONDITIO	DIS CONTRIBUTING TO VENT	H 801 14	OI KELATED TO THE TERM	MINAL D SEAS	SE CONDITION ON	FIN BY FORT	PER	FORMED?
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Part I or Par	rt II of ilem 18.)			
	20c. TIME OF INJUR Hour o. m p. m.	, v	Nod. INJURY OCCURRED 2 While Not white 1 work at work	0e. PLAC facto	E OF INJURY (Home, fari ry, street, office bldg., et	m, 20f. (Cit	y or town)	(C	ounty]	(State)
		t (I) (this haspital) at	tended the deceased for	ram S	ept. 5, 10	59 to	Nov. 2,	. 1950) . that (1	(we) Inst
	saw the deceas	ed alive an NOV	2_160, and t	hat de						
	220 MG AFTRE	. 04								22b DATE SIGNED
	Kla	el X SI	nearlen	М	D PHYS.	AED DIRECTOR []	STAFF PHYS	1	1-3-6	50 SIGNED
	22c PHYSICIAN'S NAME (Type)	~	/<		22d ADDRESS					
		Charles H.	Stonesifer,	$M \cdot I$	Green	<u>sboro</u>	, Maryl	and		
	23a. BURIAL, CREMATIO REMOVAL (Specify)	N. 236 DATE THEREOF	23c. NAME OF CEMET	ERY OR	REMATORY	23d. LOCA	TION (City, town,	or county)	(5	tate)
	Burial	エエチシーのハ	· · · · · · · · · · · · · · · · · · ·	oro	نقصصنا نصاحات	Rur	والمنشسانين فأخفاها		Mary	land
	24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	020		D BY REGIS		STRAR'S SIG	NATURE	
1	Gohn E	0-5 mm. X = 1-	Greensb	OT.O	DATE N	10V 7 1	60 7	Ilua 8	Hansal	

TE HESPITAL OR ATTEMBING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often death. Page 4 y the funeral director, as 2 should be filed with may be retained by the nospital or attending physician.

TO FUNEY CORRECTOR: After this certificate has been signed by the attending physician and completely fill est page 3 seculd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 1SM 9/59



RECORDS. **BALTIMORE 1, MARY** 1. PLACE OF DEATH is net.
director. Parcour files. 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edm syon) a. COUNTY **b.** COUNTY MARYLAND CITY OR TOWN lif outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate I m Is, write BURAL and give nearest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve street eddess. m. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 19 (C) C 5. SEX AGE (In years lest birthdey) Months IDm. USUAL OCCUPATION (Give kind of work permit. File pages 1 and pencil in Item 18. Give Pages 1, 2, 12. CITIZEN OF WHAT COUNTRY? with form PM3. Page during most of working life, even if retired) 3. FATHER'S NAME 031 ARMED FORCES? 16. SOCIAL SECURITY NO. PAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] e along I-transit ONSET AND DEATH removal, and IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, If any, which (b) gave rise to immediate cause 60 Examiner's DUE TO (a), stelling the underlying N E couse last. (c) cremation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.e.) 19. WAS AUTOPS I CERTIFICATION PERFORMED? 8 cute the certificate, writing the word Medical NO should 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of stem 18.) CAUSE OF DEATH. 200 INJUAY OCCURRED 200, PLACE OF INJURY (Home, form, Su.ul Chief 20f. (City or town) Month, Day, Year 906 electory, street, office bldg., etc.) Not While et work forwarded to the L DIRECTOR: P. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident 17 Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE FUNERAL Address (Street, city, town, or county) DEP shou 0 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE A15ME 5M 7/59



VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH

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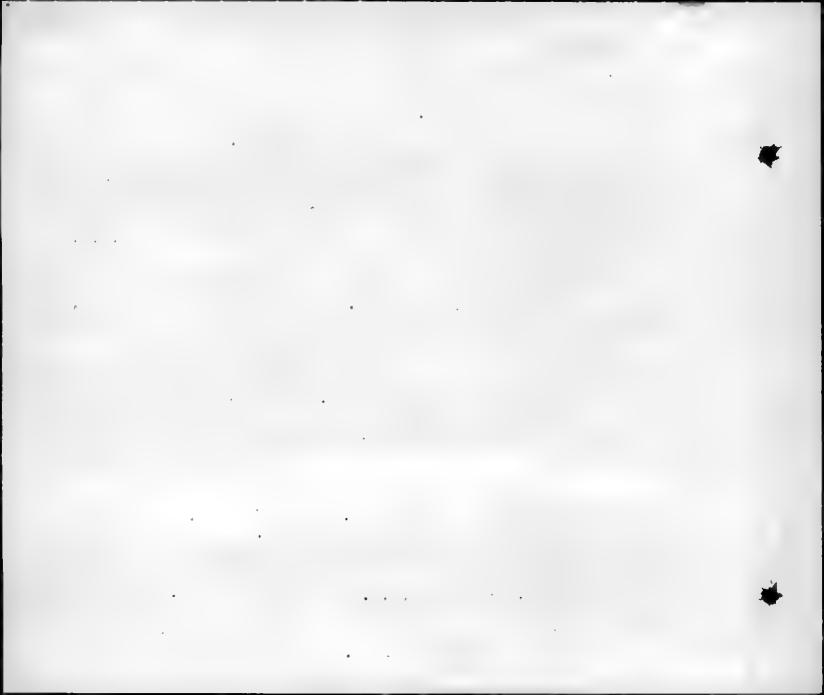
	12431 CERTIFICA	TIE OF DEATH
Ð	1 PLACE OF DEATH 6. COUNTY CAROLINE MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE DELAWARE b. COUNTY KENT
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FEDERALSRURG C. LENGTH OF STAY IN 16 2 MONS	c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) MAGNOLIA
?	d NAME OF HOSP TAL (If not in haspital, give street address) OR INSTITUTION BROOKLYN AVE	d STREET ADDRESS R.F. D. S residence on a Farm? YES NO
•	3 NAME OF DECEASED [Type or print] MARY EMILY	PRITCHETT DEATH NOVEMBER 18 1940
	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE NEGRO WIDOWED DIVORCED	B DATE OF BIRTH MARCH 27 1889 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min 7 1 yrs
	10a. USUA: OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABDRER CANNERY	SUSSEX COUNTY, DEL. 12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME ANDREW CANNON	LILY PINCKENS
	(Yes, no, or unknown) + (If we, nive wor or dates of service)	DA ROBERTA BRIGGS FEDERALSBURG, MD
C	OR CONTRIBUTING CAUSE/OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Part II at iteral B)
	Hour o m. p. m. 19 Of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
1	220. SIGNATURE Seman 22c. PHYSICIAN'S NAME (Type) 1. Seman Mo	death accurred at PM, from the causes and an the date stated above M.D. PHYS. 22d. ADDRESS AL CLUMB MED. 22d. ADDRESS
)	BURIAL (Specify) Nov. 21, 1960 TEDERAL	HILL FEDERALSBURG MD.
AN TO SERVE	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	250. REGISTRAR 25b. REGISTRAR'S SIGNATURE



VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10101

	C4-14-													
1. PLACE OF DEATH a. COUNTY	coline		MARYLA	LINID	2. USUA a. ST/	residence Mar				f institute		nce befo		on)
b CITY OR TOWN (If o	utside corporate limits,	write	c. LENGTH OF STAY IN		c. CIT	Y OR TOWN	0		rote limit	s, write R				1)
RURAL and give near Greens	· ·		l yr.		X Greensboro									
d. NAME OF HOSPITAL	(If nat in haspital, give	street o	oddress)	-	d ST	REET ADDRESS	-	DOTO					e (S RES	
OR INSTITUTION	Rest Home				1	Sunse	t	Ave.						FARM?
3 NAME OF	First		Middle			Lost		4. DATE	-	Mon	th	De	у	Year
(Type or print)	Anna			S	ewar	đ		DEATH	Nove	embe	r	1		1960
Female	7577	MARRI IDOWE	IED NEVER MARRIED DIVORCED		B DATE O		87	6	9. AGE 184 b 84	(In years irthday) yrs	Months Months	Doys	Hours	Mín
10a USUAL OCCUPATION during most of working	(Give kind of work dor	e 10b. i	KIND OF BUSINESS OR	INDUS	STRY 11 B	IRTHPLACE (S	tote o	r foreign o	ountry)		12. CI	TIZENO	FWHATC	OUNTRY?
Housew	Lie		Housewife			Mar	yl	and			1	U.S	.A.	
13. FATHER'S NAME					14. MO	THER'S MAIDE	N N	AME						
U	nknown							Un	knov	WID.				
15. WAS DECEASEDEVER I	N U. S ARMED FORCE:		SOCIAL SECURITY NO.	17. IN	IFORMAN'	r				Add	ress			
No	red, gave wall of balloo of solver	/	None	M	rs.	Carri	е	Dabs	on	Gr	een	sbo	ro,	Md.
	Enter only one cause	per lin	e for (a), (b), and (c)]		-							INT	ERVAL BE	TWEEN
PART I. DEATH	WAS CAUSED BY. MEDIATE CAUSE (0)		Ch	ro	nic	Ne phr	1 1.	is						G-1171
1 722	DUE TO					_								
Conditions, if any			Ch	ro	nic :	Myocar	rd:	itis						
gave rise to imm			~~			. 7 1								
lying couse last.) (c)_					zed Aı								
PART II. OTHER	SIGNIFICANT CONDIT	ONS C	ONTRIBUTING TO DEAT	_			ERMIN	NAL DISEAS	E CONDI	TION 6 V	EN IN PA	RT 1(o)	19. WAS . PERFO	AUTOPSY RMED?
3			Chronic										YES 🗌	NO []
Part II. OTHER 200 ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	b. DESC	CRIBE HOW INJURY OCC	CURREC	D. (Enter n	olure of injury	/ in P	ort I ar Par	t II of ite	m 1B.)				
20c. TIME OF INJURY Hour e.m.	Manth, Doy, Year					JURY (Home, , office bldg.,			or town)		(County)		(Stote)
Hour o.m.	19	While at wark	Not while at work	100	lioty, siree	, office blag.,	eic.j							
21 I certify that	(I) (this haspital) (attende	ed the deceased fi	ram.	Nov.	15	19	8, ta_	Nov	. 1	, 19,	6 <u>0,</u> 11	nat (I) (we) last
saw the decreased		- 3	1 1960 and	hat d	leath ac									
220 SIGNATURE	= IIIV		, /											b. DATE
1 Kea	relant I	Lea	explesion		M.D. PHY	NDING	MEI	D. ECTOR []	STAFF PHYS			1:	1/1/1	SIGNED
22: PRYSICIAN'S NAME (Type)				U	22d.	ADDRESS								
(1) (1)	harles H.	St	oneshfer.	M.I	D. L	Gre	er	roder	ا ر٥٠	Md.				
230 BURIAL, CREMATION,	23b. DATE THEREOF		230 NAME OF CEMET	ERY O	R CREMAT	ORY		23d LOCA	TION (Ci	ty, town,	or county)	(Stor	re)
Burial (Spec fy)	11-3-60)	Greensl	oor	0			Gree					and	
24. FUNERAL DIRECTOR S	GIGNATURE	1 0	ADDRESS	0 .	Md.			ON BEGIS	1848 E	2Sb, REGI	STRAR'S	JANA	RELA	
John E, 131	ulara, G	4.		7		DATE								
•	- 0													

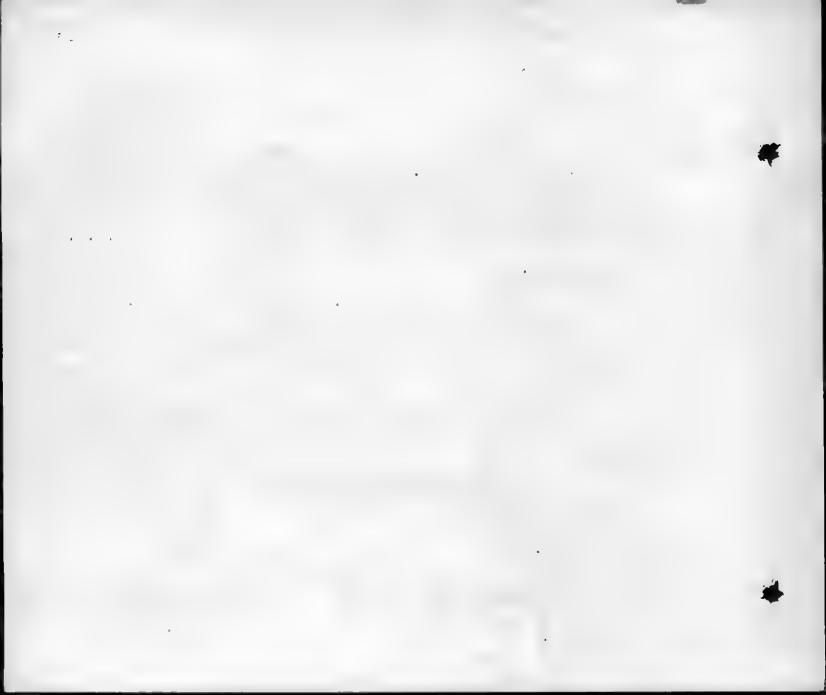


MARYLAND STATE DEPARTMENT OF HEALTH 12438 CERTIFICATE OF DEATH

director, filed with	M	1 1	PLACE OF DEATH
nours after death. Party the funeral direction 2 should be filed	v		CITY OR TOWN (III RURAL and give ne GOLAS) NAME OF HOSPIT OR INSTITUTION
ted with n 24 hours mpletely filled to sers. Pages 1		5 5	NAME OF DECEASED Type or print) EX
at the death certificate be executed with the attending physician and campletel. Then please remare carbon papers. Pand in any event withing (2 hours after	I	- (SUAL OCCUPATION OF THE PROPERTY OF THE PROPERT
gueres the	<i>*</i>	MEDICAL CERTIFICATION	PART I. DEA Canditions, if o gove rise to i cause (a), stating lying cause lost. Part II. OTH 20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY
D HOSPITAL OR ATTENDING PHYSICIAN: The law recompy be retained by the haspital ar attending physician. D FUNET PURECTOR: After this certificate has been stronge 3 seculd be detached for use as the burial-transit the State Board of Health priar to burial, cremation, ar it			20c. TIME OF INJUR Haur a. m. p. m. 21 I certify that saw the decease 22a SIGNATURE 27c PHYSICIAN'S NAME (Type) ROBLED T
TO HOSPI may be TO FUNE page 3 the State	di di	23a	BUTTAL FUNERAL DIRECTOR
	13	-73	

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PLACE OF DEATH a. COUNTY	Caroline	MARYLAND	o. STATE				Carol	
RURAL and give nea	rest tawn)		X	_		mits, write RU	IRAL and give ne	aarest tawn)
d NAME OF HOSPITA	LL (if not in haspital, give str		d. STREET A	DDRESS				e IS RESIDENCE ON A FARM?
	None			Non	ie			YES NO
NAME OF DECEASED (Type or print)	Noble First	Middle J			4. DATE OF DEATH	111	18	y Yegr 60
SEX	6. COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B. DATE OF BIRTI	Н	9. Ac			R IF UNDER 24 HR
ale	White WIDO	OWED DIVORCED	7-10-1	892			Multips Days	Fidurs Adin
Contract	N (Give kind of work done to had life, wen it refired) OF-BULIDER	Carpenter)		FWHATCOUNTR
FATHER'S NAME	-		1					
	James W. S	Shively		Lydia	ı Denni	son		
		16. SOCIAL SECURITY NO 17 NO 218-20-4352 Mg		hivel	y Go	_		aryland
18. CAUSE OF DEAT	TH (Enter anly one cause po	er line for (a), (b), and (c).]						ERVAL BETWEEN
PART I, DEAT	H WAS CAUSED BY:	CHENIA FRONK	PULTIPLE	- XIET	TA-STAS	55	UN	ISET AND DEATH
Canditians, if on gave rise to im cause (a), stating ti	y, which (b)							YEAR
PART II. OTHI	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE COP	NDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D (Enter nature a	f injury in Pa	irt I ar Part II af	item 18.)		
20c. TIME OF INJURY Haur a. m. p. m.	W	hile Nat while fa	ACE OF INJURY (clary, street, affice	Home, farm, bldg., etc.)	20f (City or to	own)	(Caunty) (Stat
	11/		, –		*			
220 SIGNATURE	I Marie	1//		G 🔪 MED	51	AFF	//	22b. DATE \$1GNE
22c PHYSICIAN'S NAME (Type) BOBENT	H. W/1916 H+	NID.			30RU,	1111	74L19-X	112
	N. 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	2	SA FOCULION	(City, lawn, a	r caunty)	(State)
Burial	11-19-60	Greensbor	0	G	reensl	oro,	Maryla	and
FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		25a. REC'D	BY REGISTRAR	25b REGIS	TRAR'S SIGNATI	JRE
- Check	ais Xi Zu	restore Mi	et .	VO/ATAD	21'60	ant	un & Henre	4
	b. CITY OR TOWN (IF RURAL and give nec GOLD SOM AME OF HOSPITO OR INSTITUTION OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIFY I DEAT II. OTHER OF INJURY Hour a.m., p. m. 21 I certify that sow the decease 22a SIGNATURE 22c PHYSICIAN'S NAME (Type) BURIAL, CREMATION BURIAL SPECIFY) BURIAL, CREMATION BURIAL SPECIFY) BURIAL, CREMATION BURIAL SPECIFY) BURIAL, CREMATION BURIAL SPECIFY)	b. CITY OR TOWN (If autside carporate limits, wring RURAL and give nearest town) GOLDSDOTO d NAME OF HOSPITAL (If not in haspital, give strong in the control of the cont	D. CITY OR TOWN (If authide carpetrale limits, write RURAL and give nearest town) Goldsboro d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NODE NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NODE NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NODE NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION NODE NODE SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 1. USUAL OCCUPATION (Give kind of wark dame 10b, KIND OF BUSINESS OR INDU CONTINUE OF Wark dame 10b, KIND OF BUSINESS OR INDU CONTINUE OF INJURY MARRIED FORCES? LOSUAL SECURITY NO 17 III NODE WAS DECFASED EVER IN U. S. ARMED FORCES? LOSUAL SECURITY NO 17 III NODE B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSE OF DEATH (b) CARCILLAND ON A COUNTRIBUTING TO DEATH BUT CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur o. m. 19 m. 19 While Not while of work of While of Work of	COUNTY CATOLINE B. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest lawn) COLORS DOTO ONAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NODE NODE First NODE NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NODE NODE First NODE NODE SEX A. COLOR OR RACE White Whole Whole Whole Whole Whole Whole Whole Whole SEX A. COLOR OR RACE A MARRIED NEVER MARRIED NEVER MARRIED NOVERD DIVORCED TO TO-1 A. STREET A Shive Sex A. COLOR OR RACE White Whole Whole Whole Whole Whole Whole Shive Carpenter Mar FATHER'S NAME James W. Shively Was DECFASED EVER IN U. S. ARMED FORCES? It SOCIAL SECURITY NO TO MARRIED NO TO TO-1 A MARTHER'S MARE It MOTHER'S NO TO T	D. CITY OR TOWN (If quivide corporate limits, write RURAL and give nearest town) GOLDADOO NAME OF HOSPITAL (If not in hospital, give street address) NODE NODE NOT NODE NOT NODE NOT NODE A. STREET ADDRESS B. DATE OF BIRTH Middle J. SHALE OCCUPATION (Give Find of wark done) J. USUAL OCCUPATION (Give Find of wark done) J. WAS DECEASED J. USUAL OCCUPATION (Give Find of wark done) J. USUAL OCCUPATION (Give Find of wark done) J. USUAL OCCUPATION (Give Find of wark done) J. USUAL OCCUPATION (Give Find of wark	D. CITY DE TOWN (If outside corporate limits, write RURAL and give nearest town) GOLDSDOTO GOLDSD	CATOLINE CATOLINE CATOLINE CATOLINE MARYLAND CATOLINE CATOLI	C. COLONY CATOLINE MARTIAND CITY OR TOWN (if cultide corporate limit, write RURAL and give neterial lown) CATOLINE CITY OR TOWN (if cultide corporate limit, write RURAL and give neterial lown) CATOLINE COLOR OR RACE First Martiand None N



MA	RYLAND	STATE	DEF	ARTMEN	T	OF	HE	ΑI	T	ŀ
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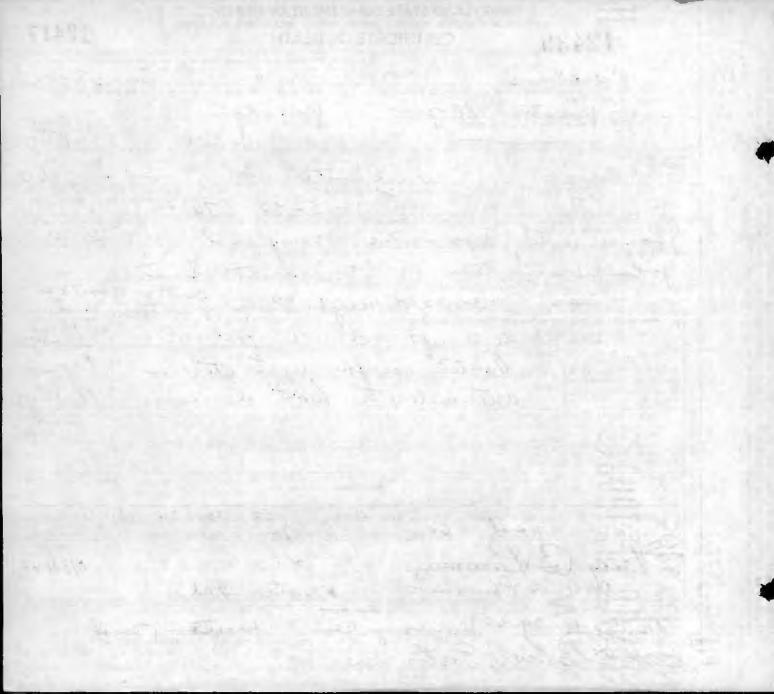
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12439

12417

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Caroline MARYLAND	o. STATE Ind, b. COUNTY Caroling
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
rual - Preston 10 yes	X Preston
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
OK HOHOHOH	Pural ON A ARM? YES NO
3. NAME OF First Middle	Losi 4. DATE Month Day Yeor
(Type or print) Carre () de	lungton OF DEATH 11-54- 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
WIDOWED DIVORCED	3-15-90 TO yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housework Donest	e Maryland 4, S, A,
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Washington	Margaret Smith
IS, WAS DECEASED EVER IN U. S. ARMED FORCES (16. SOCIAL SECURITY NO. 17.	INFORMANT BAddress Bot 182
- 2/3-2-578/	many blows breton med.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute left v	entrular facture minutes
420.0 DUE TO	
Conditions, if ony, which) (b) Utilie uns	afficiency & sterious 8 years
gove rise to immediate OUE TO DUE TO	all off in
tying couse lost. (c) arterisclero	in Tillet Alserse 10-15 y
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
	YES NO W
□ I OR CONTRIBUTING □ CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
Hour c. m. p. m. 19 While Not while of work	
21. I certify that (I) (this haspital) attended the deceased fram	77+01 1952 to 740, 24, 1960, that (1) (we) last
A 15	death accurred at 200 M, from the causes and an the date stated above.
220 STONATURE	22b. DATE
Marks Attermer	M.D. PHYS. PHYS. SIGNED SIGNED PHYS. PHYS. MED. SIGNED PHYS. MI28/60
22c. PHYSICIAN'S NAME (Type) TO LI & DO	22d. ADDRESS
VIN. H-12, Tlummer	freston Ind.
230. BURIAL, EREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY	GR CREMATORY 23d. EOCATION (City, town, or county) (Stote)
Burg 11-29-60 Harrow	cen, freston, mul.
24. FUNGERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
James & taluel, Coston.	MON DATE DEC 5 '60 Curling of France



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) a. COUNTY of director. Page for your files. b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO should be executed within 24 hours after death. It is and 3 to the source of the sourc 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Typa or print) 60 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS. 9. ast_birthday1 Months Days Hours WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 174 INFORMAN (Yes, no, or unknown) i (If yas give wer or dates of service) Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava rise to immadiate causa 10 Examiner's "pending DUE TO (a), slating the underlying as cause last. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? ute the certificate, writing the word 200 Medical NO Cren should 20a. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. forwarded to the Chief Page 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) fectory, streat, office bldg., etc.) While Not While Hour a.m. at work at work prior FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Streat, city, town, or county) 220, BURIAL, CREMATION. CREMATORY 22d. LOCATION (City, lown, or coefficy) (Stete) BEMOVAL (Spacify) 40 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME Orling S. Kraus 360° 5M 7/59

Whate to madeline a february of dealers of esellowers west of transf preserved - marger 25 6 Spice marked - Bed world - Company of the second and the second of the second o